

Considerations in the Management of the Pregnant Patient

Michael Kanellis, DDS, MS

Department of Pediatric Dentistry



Background

- Pregnancy has been considered an impediment to dental treatment
- However, preventive, emergency, and routine dental procedures are all suitable during various phases of a pregnancy, with some treatment modifications and initial planning

“I'm on a mission to increase oral health care to pregnant women, but many of my colleagues won't touch a pregnant woman with a ten-foot pole for fear of being sued. What is the genesis of the recommendation to provide limited treatment to pregnant women? Is it urban legend or based upon an actual lawsuit? Are there any documented adverse clinical results due to dentistry provided during pregnancy? Conversely, is anyone aware of litigation for failure to provide dental care to a pregnant woman? What dental materials are specifically contraindicated during pregnancy? I'm in the process of developing policy for the State Dental Society on providing care to pregnant women. Has any state or local dental society or other professional organization developed a policy on this issue? I appreciate your input.”

- Director, Dental Health Services
Department of Public Health

“Sounds to me like we can do most of the procedure we usually do after the first trimester...In our public health practice we encourage all pregnant women to have a cleaning and exam and make an effort to remove all active caries before the baby comes, or at the latest, before the baby's first teeth arrive to prevent the passing on of mother's strep mutans.”

John Doe, DDS, MPH
City of XXX, Primary Care Department
Manager of the Dental Program

Excerpt from ADA's Women's Oral Health Issues

"The second trimester is the safest period for providing routine dental care. The emphasis at this time is on controlling active disease and eliminating potential problems that could arise in late pregnancy. Extensive reconstruction procedures and major oral or periodontal surgery should be postponed until after delivery. Radiographs ...the safety of dental radiography has been well established, provided features such as high-speed film, filtration, collimation and lead aprons are used. Studies have shown that when an apron is used during contemporary dental radiography, gonadal and fetal radiation is virtually immeasurable.

Elective treatments-Other than good plaque control, it is prudent to avoid elective dental care, if possible, during the first trimester and the last half of the third trimester. "

JADA (July 2003) contained an article by Gaffield, Gilbert, Malvitz and Romaguera on oral health during pregnancy

“We were unable to find any professional group that has formal policies related to dental care during pregnancy or any studies that examined pregnancy outcomes related to dental visit behaviors during pregnancy. Shrout and colleagues conducted a survey of obstetricians who directed obstetrics wards in hospitals or headed medical school obstetrics departments. Among the 50 percent who responded, 91 percent said that consultations with Dentists before dental treatment were unnecessary, and 60 percent said that dentists were too cautious in their care of pregnant patients. Eighty-eight percent of respondents, however, were concerned that dentists may Prescribe antibiotics without a consultation.”

Considerations in the management of the pregnant patient.
Livingston et al. J Special Care Dent, 18(5):183-8, 1998.

General Guidelines

- In the first trimester, the dentist should not perform any elective procedures, with the exception of emergency dental care
- Pain and infection should be treated regardless of the trimester (root canals, extractions, etc.)
- Routine dental cleaning and plaque control may be performed during any trimester

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General Guidelines

- The best time to address active dental disease (cavities, etc.) during pregnancy is during the 2nd trimester and early part of the 3rd trimester
- In the 3rd trimester, the dentist should not perform any elective procedures except emergency dental care

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General Guidelines

- Always protect the patient and fetus by using a lead apron when making radiographs
- Avoid prescribing medications that are considered a risk by the FDA
- When using a local anesthetic, use one with a vasoconstrictor
- Avoid nitrous oxide during the first trimester
- Can use Chlorhexidine throughout pregnancy
- Systemic fluoride is not advised – not considered beneficial

Thank You!



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